Express Mail No.: EL6152

10-24-62

PTO/SB/83 (03-02) e through 10/31/2002. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Numb r	09/058,589		
Filing Dat	April 1, 1998	·	
First Nam d Inv ntor	Kimber 5	2	OM
Group Art Unit	1617	<u> </u>	2
Examiner Name		雷	& .
Attorney Docket Number	00138.0041.00US01	160	1002
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To: Assistant Commissioner for Patents Washington, DC 20231								
I hereby apply to withdraw as attorney or agent for the above identified patent application.								
The reasons for this request are:								
Client has retained new counsel								
1 The company and the sign NOT offers and by the sign of the desired								
The correspondence address in NOT affected by this withdrawal.								
2. Change the correspondence address and direct all future correspondence to:								
	CORRESPONDENCE A	ADDRESS	ſ	7:	3 .4			
☐ Customer Numl	ber					ner Number bel here		
OR	- 		L			·		
Firm or Individual name	Fulbright & Jaworski, LLP							
Address	1301 McKinney							
Address	Suite 5100							
City	Houston	State	TX	TX ZIP 770		77010-3095		
Country	USA							
Telephone	713-651-5751	Fax	713-651-	713-651-5246				
 ☐ This request is made on behalf of myself and ☐ all the attorneys/agents of record, ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or ☐ the attorneys/agents associated with Customer Number 27194 This request is enclosed in triplicate (including any attachments). 								
Name	Albert P. Halluin							
Signature	feller M. Hallen							
Date	October 22, 2002							
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								